

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-7172.M5

MDR Tracking Number: M5-04-1828-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-20-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The prescription medications Neurontin and Amitriptyline dispensed on 4/22/03 and 5/23/03 **were found** to be medically necessary. The prescription medications Hydrocodone/APAP, Diazepam, and Skelaxin dispensed from 2/21/03 through 5/23/03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order. This Order is applicable to prescription medications Neurontin and Amitriptyline dispensed on 4/22/03 and 5/23/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 26th day of May 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

May 11, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-1828-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent

review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in the osteopathic board of neurology and is familiar with the condition and treatment options at issue in this appeal. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient had undergone a cervical fusion for treatment of his cervical spinal disc injury. The patient had continued complaints of severe pain and rigidity in his neck since the surgery. The patient underwent a CT scan of the cervical spine on 12/5/03. The current diagnoses for this patient are cervical radiculopathy and status post cervical fusion. The patient has been treated with Hydrocodone/Apap, Diazepam, Skelaxin, Neurontin, and Amitriptyline.

Requested Services

Hydrocodone/Apap 10/500 #90, Diazepam 10mg #90, Skelaxin 800 mg #90, Neurontin 400 mg #90, Amitriptyline 50 mg #60, Neurontin 300 mg #120 from 2/21/03 through 5/23/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Letter of Medical Necessity 5/29/02, 6/26/03
2. Soap notes 1/6/03 – 4/20/04
3. CT Scan report 12/5/03

Documents Submitted by Respondent:

1. No documents submitted

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a male who sustained a work related injury to his back on ___. The ___ physician reviewer also noted that the diagnoses for this patient have included cervical radiculopathy and status post cervical fusion. The ___ physician reviewer further noted that the patient had been treated with Hydrocodone/Apap, Diazepam, Skelaxin, Neurontin, and Amitriptyline. The ___ physician reviewer indicated that although Neurontin is not specifically FDA approved for conditions such as this patient's, it is routinely used for nerve root pain emanating from the spine. The ___ physician reviewer explained that Amitriptyline is commonly used for chronic pain. The ___ physician reviewer indicated that Diazepam and Skelaxin are muscle relaxers and not indicated for chronic pain from degenerative pathologies in the neck that have not responded to surgery. The ___ physician reviewer explained that muscle relaxers are not effective for treatment in radicular pain. The ___ physician reviewer indicated that prolonged narcotic usage has not been demonstrated to be beneficial for patients with chronic pain from degenerative spinal conditions. The ___ physician explained that prolonged narcotic usage could easily lead to addiction in patients who have not responded to surgical management. The ___ physician reviewer noted that this patient continued to complain of worsening symptoms despite the use of Lortab 10mg (Hydrocodone/Apap) 3-4 times a day for several months. Therefore, the ___ physician consultant concluded that the Neurontin and Amytriptyline from 2/21/03 through 5/23/03 were medically necessary to treat this patient's condition. However, the ___ physician consultant further concluded that Hydrocodone/Apap, Diazepam and Skelaxin from 2/21/03 through 5/23/03 were not medically necessary to treat this patient's condition.

Sincerely,